

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

394

63-050176

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JAN 9 1964

1. PLACE OF DEATH

a. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
JEFFERSON BARRACKS

Length of stay in 1b

736 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION VETERANS ADMINISTRATION
HOSPITAL

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived) (If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY St. Louis

c. CITY OR TOWN St. Louis, MISSOURI

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

6452 RIDGE

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

ROY

Middle

D.

CARTER

Last

4. DATE OF DEATH

Month

Day

Year

12-20-63

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-27-21

9. AGE (last birthday)

42

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLERK

10b. KIND OF BUSINESS OR INDUSTRY

OFFICE

11. BIRTHPLACE (City and state or country)

SHELBY, MISS.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

HENRY CARTER

13b. MOTHER'S MAIDEN NAME

DELICIA CLARK

14. NAME OF HUSBAND OR WIFE

BEATRICE CARTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW-II

16. SOCIAL SECURITY NO.

17. INFORMANT

BEATRICE CARTER (WIFE) 6452 RIDGE

ST. LOUIS, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

HYPERTENSIVE CARDIO VASCULAR DISEASE

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

END ARTERITIS OBLITERANS

DUE TO (c)

GANGRENE OF TOES, RIGHT FOOT

443 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

BILATERAL INGUINAL ABSCESS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from

12-14-61

to 12-20-63

Death occurred at

5:30PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Eugene L. Arnold M.D.
EUGENE L. ARNOLD, M.D. VET ADM HOSP, JEFF BRKS, 25 MO

22b. ADDRESS

22c. DATE SIGNED

12-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Dec 27, 1963

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks

Mo.

24. FUNERAL DIRECTOR

1221 N. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

12-23-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

FILED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Melvin Blankman

Licensed Embalmer, No. 3962

P. O. Address 1221 N. Grand Blvd.

Note: The above, MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.